

ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprint label, affix it in the space at left. If any information on the label is incorrect, draw through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and below blank. If you did not receive a preprint label, complete all items. "Installation" means single site where hazardous waste is generated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. Information requested herein is required by (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.	PAD002338010
I. NAME OF INSTALLATION	NAT'L WOOD PRESERVER PO DRAWER F HAVERTOWN, PA 19083
II. INSTALLATION MAILING ADDRESS	
III. LOCATION OF INSTALLATION	PO DRAWER F HAVERTOWN, PA 19083

FOR OFFICIAL USE ONLY

COMMENTS	
C	

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
FPA000233801031		800818

AUG 18 80 0000100

I. NAME OF INSTALLATION
NATIONAL WOOD PRESERVERS INC.

II. INSTALLATION MAILING ADDRESS	
STREET OR P.O. BOX	
P.O. DRAWER F	
CITY OR TOWN	ST. ZIP CODE
HAVERTOWN	PA 19083

III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
EAGLE ROAD & R.R. R	
CITY OR TOWN	ST. ZIP CODE
HAVERTOWN	PA 19083

IV. INSTALLATION CONTACT	
NAME AND TITLE (last, first, & job title)	
GOLDSTEIN, DONALD S., SECY-TREAS	
PHONE NO. (area code & no.)	
215-628-6490	

V. OWNERSHIP	
A. NAME OF INSTALLATION'S LEGAL OWNER	
NATIONAL WOOD PRESERVERS INC	

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)	VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))
F = FEDERAL M = NON-FEDERAL	<input type="checkbox"/> A. GENERATION <input checked="" type="checkbox"/> B. TRANSPORTATION (complete item VII) <input checked="" type="checkbox"/> C. STORAGE <i>delete ST 18/81</i> <input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))	
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify):	

VIII. FIRST OR SUBSEQUENT NOTIFICATION	
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.	

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)
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C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES
Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical, and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE (D001)

☐ 2. CORROSIVE (D002)

☐ 3. REACTIVE (D003)

☒ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Donald S. Gould</i>	NAME & OFFICIAL TITLE (type or print) DONALD S. GOULD Sr Tech	DATE SIGNED 8/15/80
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**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•PAD002338010

INSTALLATION ADDRESS

NATIONAL WOOD PRESERVERS INC
PO DRAWER F
HAVERTOWN PA 19083

EAGLE ROAD & P R R
HAVERTOWN PA 19083



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

May 19, 1981
Certified Mail
Return Receipt Requested

Mr. Donald Goldstein
National Wood Preservers, Inc.
P.O. Drawer F
Havertown, PA 19083

Re: Facility Name: National Wood Preservers, Inc.
Facility Location: Eagle Road & Conrail RR
Havertown, PA 19083
Facility ID #: PAD 00 233 8010

Dear Mr. Goldstein:

The Environmental Protection Agency (EPA) has received Part A of a permit application pursuant to Section 3005 of the Resource Conservation and Recovery Act for the facility referenced above. We have received your request to withdraw your permit application on May 15, 1981. Accordingly, the Agency is returning the application.

Sincerely yours,

Shirley D. Bulkin
Chief, RCRA Administrative Support Section
Permit Enforcement Branch
Enforcement Division

Enclosure



Pressure Treaters
Lumber and Plywood

national wood preservers, inc.



EAGLE ROAD AND PENN-CENTRAL
HAVERTOWN, DELAWARE CO., PA. 1
215-528-6490
215-446-5380

May 15, 1981

United States Environmental Protection Agency
Region III
6th and Walnut Streets
Philadelphia, Penna. 19106

Attention: Mr. William Budd
RCRA Adm.

Gentlemen:

We no longer handle or store waste. Please
withdraw Part A from our forms.

We wish to retain our EPA Number.

Very truly yours,

NATIONAL WOOD PRESERVERS, INC.

Donald S. Goldstein

DSG/rt

A Treatment for Every Purpose:

PENTA OIL

- Platform Decking
- Crossarms
- Highway Guard Posts

WR-PENTA

- Paintable
- Water Repellent
- Wood Preservative

TANALITH

- Paintable
- Decay Protection

CZC

- Decay Protection
- Paintable

ERIFON (NO FIRE)

Treatment with
Du Pont CZC Paintable
Fire Retardant

TO: National Wood Pres Mr. Goldstein	FROM: William Bunde	DATE 4/30/81 TIME 11:00
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SUBJECT

SUMMARY OF COMMUNICATION

Does not store hazardous waste -
small generator status - sending
letter, but will call back first.
Letter follow - coming out

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:

ITEM NUMBER

II. Pollutant Characteristics ☐*III. Name of Facility ☐IV. Facility Contact ☐

V. Facility Mailing Address

A. Street or P.O. Box ☐B. City or Town ☐C. State ☐D. Zip Code ☐

VI. Facility Location

*A. Street, Route Number ☐B. County Name ☐*C. City or Town ☐*D. State ☐E. Zip Code ☐F. County Code (if known) ☐VII. SIC Codes (other than Process and Hazardous Waste) ☐

VIII. Operator Information

*A. Name ☐*B. Is the name listed in VIII-A also the owner ☐C. Status of operator ☐D. Phone ☐*E. Street or P.O. Box ☐*F. City or Town ☐*G. State ☐H. Zip Code ☐

IX. Indian Land

☐

X. Existing Environmental Permits

☐

XI. Map

☐

XII. Nature of Business

☐

XIII. Certification

A. *1. Name and

☐

2. Official Title

☐

*B. Signature

☐

*C. Date Signed

☐

Comments:

Form 1 is missing

☐

Items preceded by * must be submitted by _____.



Pressure Treaters
Lumber and Plywood

national wood preservers, inc.



EAGLE ROAD AND PENN-CENTRAL
HAVERTOWN, DELAWARE CO., PA. 1
215-528-6490
215-446-5380

March 27, 1981

United States Environmental Protection Agency
Region III
6th and Walnut Streets
Philadelphia, Pennsylvania 19106

Re: Hazardous Waste
Permit Application
EPA I.D. Number:
PAD 00 233 8010

Attention: Shirley D. Bulkin
Chief, RCRA Administrative
Support Section
Permit Enforcement Branch
Enforcement Division

Dear Ms. Bulkin:

In reply to your letter dated March 19th,
regarding Incomplete Application, we have completed all the items
marked with an asterisk and have enclosed the form as you requested.

We trust that this meets with your approval.

Very truly yours,

NATIONAL WOOD PRESERVERS, INC.

Donald S. Goldstein
Donald S. Goldstein

DSG/rt
Enc.

A Treatment for Every Purpose:

PENTA OIL

- Platform Decking
- Crossarms
- Highway Guard Posts

WR-PENTA

- Paintable
- Water Repellent
- Wood Preservative

TANALITH

- Paintable
- Decay Protection

CZC

- Decay Protection
- Paintable

ERIFON (NO FIRE)

Treatment with
Du Pont CZC Paintable
Fire Retardant



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # PAD002338010

December 31, 1980

National Wood Preservers Inc.
Mr. Donald S. Goldstein
P.O. Drawer F
Havertown, Pa. 19083

Re: Acknowledgment of Application for
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

GENERAL LABEL ITEMS		(Read the "General Instructions" before starting.)		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION	<div style="text-align: center;"> NAME: PRESS HARD WHEN FILLING IN NAME & ADDRESS. </div> <div style="text-align: center;"> STREET ADDRESS: </div> <div style="text-align: center;"> CITY, STATE, & ZIP CODE: </div>			<p>If a preprinted label has been provided, it in the designated space. Review the information carefully; if any of it is incorrect, through it and enter the correct data appropriate fill-in area below. Also, if the preprinted data is absent (the area left of the label space lists the information that should appear), please provide it proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B must be completed regardless). Complete items if no label has been provided. Read the instructions for detailed item definitions and for the legal authorizations which this data is collected.</p>	
<div style="text-align: center;"> II. POLLUTANT CHARACTERISTICS </div>					

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK		
	YES	NO	FORM ATTACHED		YES	NO	AT
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)				B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)				H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			

III. NAME OF FACILITY	
1	NATIONAL WOOD PRESERVES INC.

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 GOLDSTEIN DONALD S (SQC-TRANS)	215 528 6490

V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3 10 DRAWER F			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 HAVERTOWN PA		PA	19083

VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 ELLY RD & CONRAIL RR			
B. COUNTY NAME			
DELAWARE			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6 HAVERTOWN		PA	19083
		F. COUNTY CODE (if known)	

7	15	16	17	18	19	7	15	16	17	18	19
C. THIRD						D. FOURTH					
(specify)						(specify)					
7	15	16	17	18	19	7	15	16	17	18	19

VIII. OPERATOR INFORMATION

A. NAME											B. Is the name listed Item VIII-A also owner?	
NATIONAL WOOD PRESERVERS INC.											<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)											D. PHONE (area code & no.)	
F = FEDERAL M = PUBLIC (other than federal or state) (specify) S = STATE O = OTHER (specify) P = PRIVATE											C A 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	
E. STREET OR P.O. BOX												
P. O. DRAWER F												

F. CITY OR TOWN											G. STATE		H. ZIP CODE		IX. INDIAN LAND	
HAVERTOWN											PA		19083		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS																					
A. NPDES (Discharges to Surface Water)											D. PSD (Air Emissions from Proposed Sources)										
9 N											9 P										
B. UIC (Underground Injection of Fluids)											E. OTHER (specify)										
9 U											(specify)										
C. RCRA (Hazardous Wastes)											E. OTHER (specify)										
9 R											(specify)										

XI. MAP										
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.										

XII. NATURE OF BUSINESS (provide a brief description)

WOOD PRESERVING										
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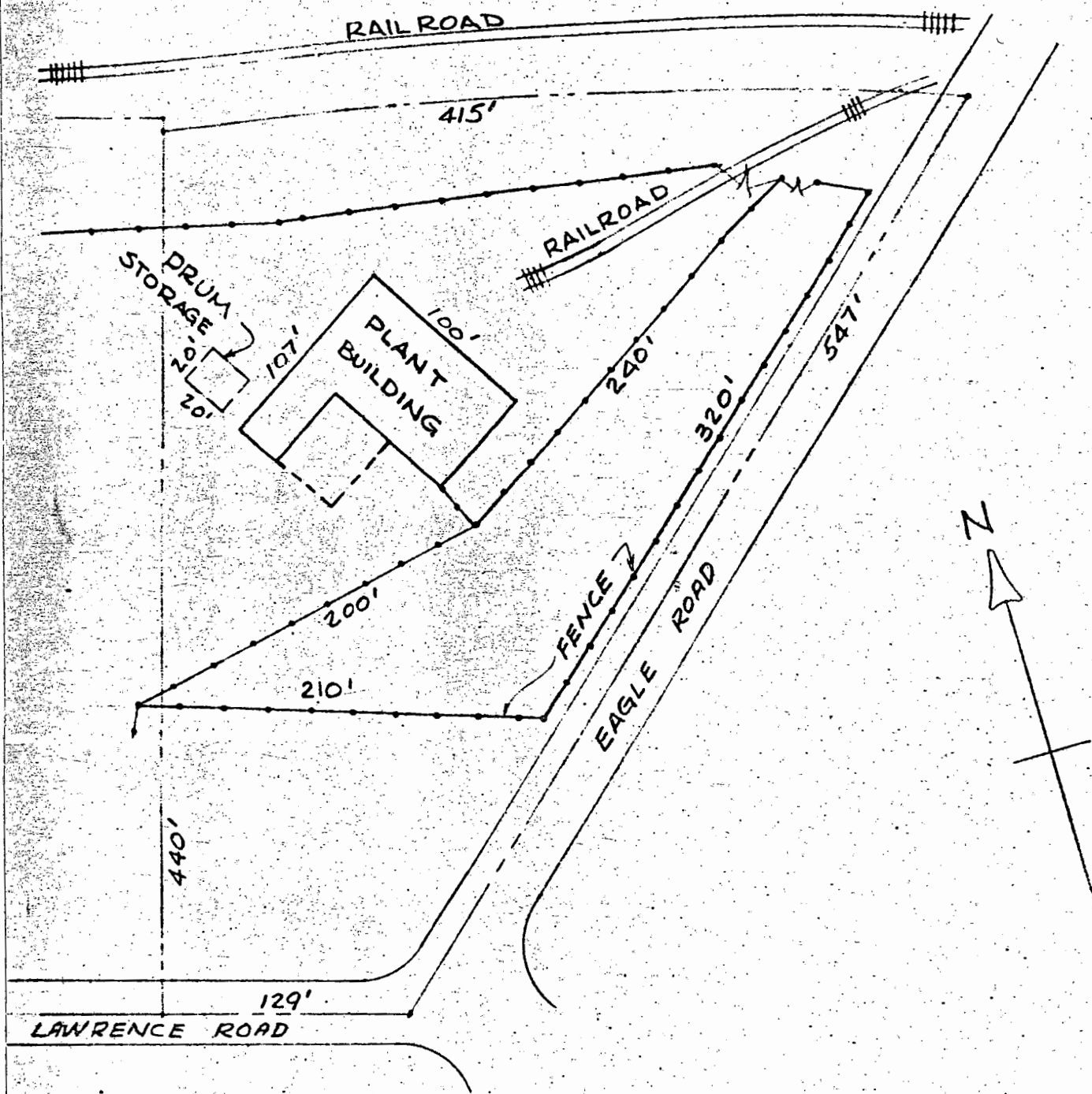
XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)											B. SIGNATURE											C. DATE SIGNED										
DONALD S. GOLDSTEIN (SEA TREAS)																						11/18/80										

COMMENTS FOR OFFICIAL USE ONLY

C										
C										

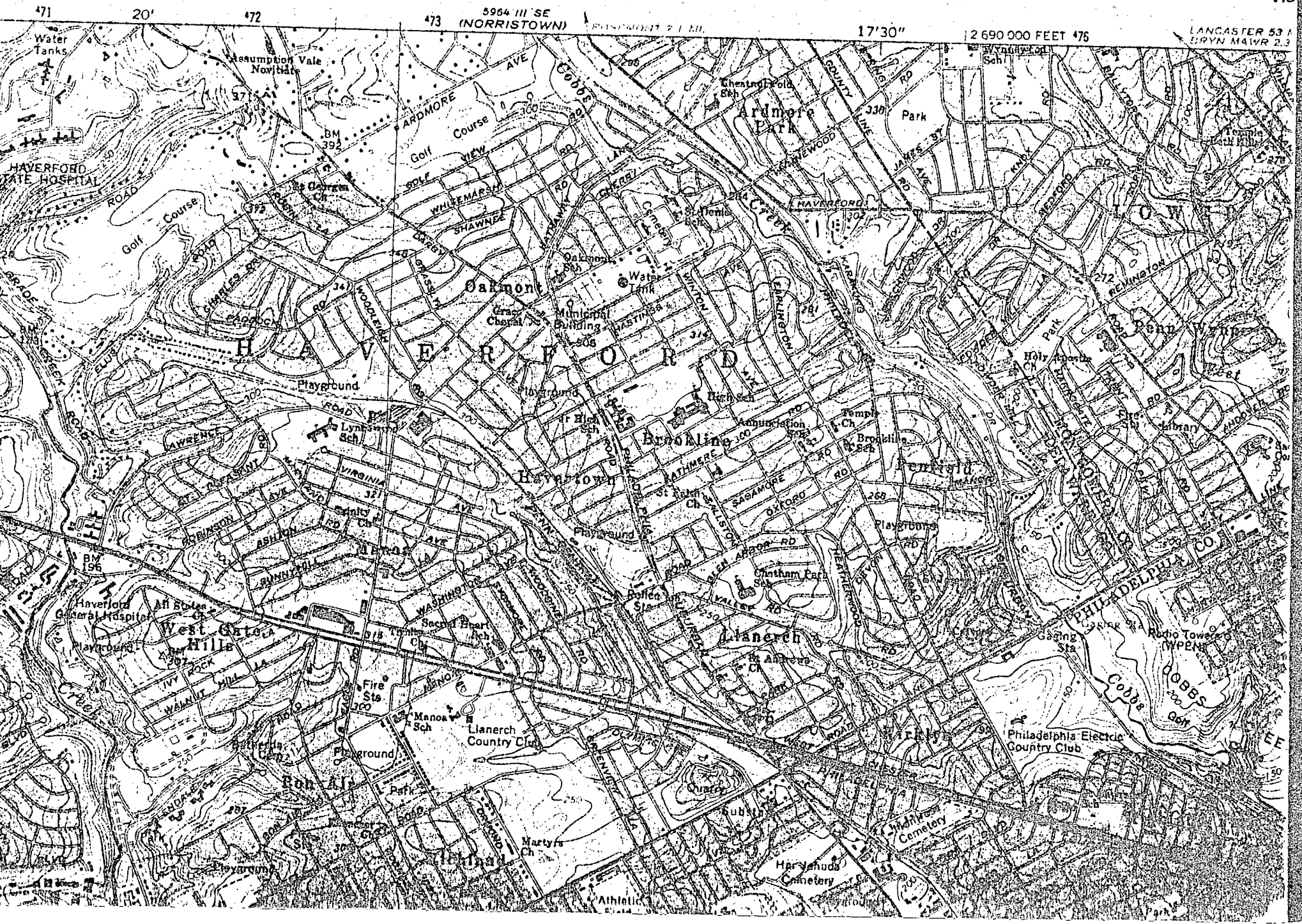


NATIONAL WOOD PRESERVERS

DELAWARE CO.

PA.

SCALE: 1" = 80'



471 20' 472 5964 III SE (NORRISTOWN)

17'30"

12 690 000 FEET 476

LANCASTER 53 I BRYN MAWR 2.3

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below)

YR.	MO.	DAY
8	4	7

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY

FOR NEW FACILITIES, PROVIDE THE DATE OPERATION BEGAN OR EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	
LITERS	L	TONS PER HOUR	D	HECTARE-METER	
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S										T/A C										1									
C										DUP																			
1 2										13 14 15																			
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY																				
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)																					
X-1	S 0 2	600	G		5																								
X-2	T 0 3	20	E		6																								
1	S 0 1	825	G		7																								
2					8																								
3					9																								
4					10																								

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item II to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pound per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTENO (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)			D. PROCESSES								
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a cod2 is not entered in D(1))						
X-1	K	0	5	4	900		P		T	0	3	D	8	0			
X-2	D	0	0	2	400		P		T	0	3	D	8	0			
X-3	D	0	0	1	100		P		T	0	3	D	8	0			
X-4	D	0	0	2													included with above

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES							
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
1	P090	RESIDUAL MAT'L NO MORE EXPOSED	P	501							TO BE DISPOSED OK BY LICENSED CONTRACTOR
2		0 (NONE)									(FILL)
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

EPA I.D. NO. (enter from page 1)														
S	F	P	A	0	0	0								
												T/A	C	
												6		

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
			3	9			5	8			3	0							
65 66 67 68 69 - 71										72 - 74 75 76 77 - 79									

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no)									
3. STREET OR P.O. BOX															4. CITY OR TOWN									
5. ST.															6. ZIP CODE									

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
DONALD S. GOLDSTEIN (SEC-TRM)	<i>Donald S. Goldstein</i>	11/18/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED